

Knowledge is Power

If you could feel gloriously alive, at one with the world and buoyantly optimistic, why would you ever wish this to stop? It is an incredibly hard thing to swallow that these blessed feelings are actually part of an illness, known as Bipolar Disorder (BPD). Yet once true acceptance has occurred, wellbeing can then be achieved by careful ongoing management, effective communication and awareness.

Knowledge is power — an old saying — but one that is true for BPD sufferers. Learn as much as you can about your illness from your psychiatrist, from reading, from doing a course at any hospital that provides one, or contacting your local Community Health Centre (CHC). Empower yourself so that you know what you are dealing with — the many faces and variations of BPD. Each episode you have may be different, so you need to prepare yourself for all possibilities.

Management of the highs of BPD involves accepting that every high will be followed by a low and that this low will be proportionate to the high. Therefore, it is not worth it for your general wellbeing to let a high keep escalating. You can learn to recognise your warning signs and then take steps to cut the mania off in its tracks. You can learn to become mindful and aware of your daily thoughts, emotions and activity levels. If your thoughts become fast, your positive mood increases or your energy levels rise, you will recognise these and heed the warning.

Each of us has many warning signs but one of the earliest is changing sleep patterns, usually involving not being able to get to sleep due to racing thoughts, or else requiring less sleep. If this occurs, it should be a red light flashing and immediate steps need to be taken. Such a change should be notified to your psychiatrist, who may authorise medication changes over the phone, especially to normalise sleep patterns. Also, be aware that some antidepressants may increase mania, so they will often need to be decreased dramatically, in consultation with your psychiatrist.

You can also help yourself by decreasing all stimulation from talking, television and radio, and deliberately and consciously slow down everything you do — from eating to moving to talking. Avoid in-depth conversations, making lists and frenzied activity. If you have practised mindfulness you can use this to alter your behaviour. I've also found yoga and pilates to be helpful because they take you away from your mind, back to the body. Meditation or relaxation tapes can also be very useful. I have found a deep relaxation called Yoga Nidra to be especially calming, and able to take me into a deep, restful breathing state. It does this by focusing awareness around each and every body part, bringing you into the present time, rather than racing on ahead of yourself.

You may find it helpful to start a journal where you record your fluctuations, your highs and what you did about them, what worked and what didn't. This then becomes part of your knowledge bank that you can refer to later. Every high episode or averted high builds your experience and expertise in managing this illness.

Learning balance in all things might sound boring at first but it's what I've found is necessary to prevent manic attacks. Most important is ensuring I get regular sleep and have a regular bedtime. However, it is also ensuring that I don't overdo things and load too much on my plate for any one day. If I do feel pressure building in my mind, I cancel things and consciously slow down my day.

Prevention is definitely better than cure. However, effective management also provides for the worst-case scenario. You need a Management Plan written out and kept in your house in case your high keeps escalating. Have emergency numbers at the ready — your psychiatrist's, your

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local CHC, and public and private hospitals. Declare your wishes now so that you will feel less violated and controlled during and in the aftermath of an intervention. I have written out a note to myself and done a tape with my voice of reason so that my loved ones can give these to me if I'm heading for danger territory.

I have three people on my support list — my husband, my sister and my best friend. If I need them, at least one will be there for me in a manic crisis. They have seen me in full blown mania before and know the signs. If my husband tells me I'm talking too fast or in a sing-song voice, I trust him and together we turn to the Management Plan. We've learnt the hard way, from two enforced hospitalisations, that the sooner we can put our Management Plan into operation, the greater the likelihood of success.

A note to family and friends dealing with a manic person: it is easy in your concern for a loved one to step in and try and parent them. This will only lead to escalation. They will feel controlled and may react with irritableness, defensiveness and even aggression. Don't argue. Don't control. Instead seek to work with your troubled companion. I was fortunate to have a doctor who understood this and successfully worked "with" me when I was extremely manic. She suggested we do a Deal. I was to talk for five minutes then she would talk for five minutes. We would take turns. She recognised: a) that I needed to be heard, not silenced; and b) that it was hard for me to stay on one topic. Therefore she asked if she could gently redirect me if I strayed and I said "yes". By using this Deal she worked with me, a very ill, manic patient. I felt cared for — rather than controlled, overpowered and violated. If this could be achieved with even an extremely manic patient then it could be used very successfully in the early stages of a high. The Deal is therefore part of my Management Plan.

People experiencing a high do talk a lot and talk over others. I have seen other manic patients and believe a core need is to be heard. Therefore, when doing the Deal, I suggest you offer to "Listen" first. To Listen does not mean just biding your time and jumping in the second their time is up. It means actively listening, nodding and taking on board what the person has to say. Don't write them off as out of their mind just because of their altered behaviour or zig-zagging thoughts. In two severe manic episodes, I felt the same person, just trapped in my altered body.

It is often difficult for a person experiencing a high to know how they appear or how their behaviour has altered. When it is your time to speak, focus your concern on this. List what you have noticed is different. Point out the warning signs on the Management Plan that have been reached and tell your loved one you fear the high is escalating dangerously. Communication of this information will be more likely to have the desired impact than controlling, silencing behaviour. Of course, there is a chance that your companion has become too ill, too high to take on your warning. You will then need to contact their psychiatrist or CHC Crisis Team. At least, when the episode is over your loved one will have less trauma because you tried to work with them, rather than against them.

It is important to realise that a manic person is under extreme pressure, almost to breaking point. It is not just their behaviour that has altered but the world they find themselves in. I could only cope in my manic episodes by focusing on the next priority and then the next. My senses were overloaded. In particular, everything was too stimulating for my vision and too deafening for my ears. To expect me to behave "normally" under such strain is unrealistic. I mention this only to shed light and to say that while you cannot walk in my shoes, some compassion and accommodation needs to be made in dealing with me or any other BPD sufferer.

Manic episodes are one extreme of BPD and even they can be dealt with if caught early enough. Other highs, the up mood swings that don't escalate into mania, can be managed by regular, close contact with your psychiatrist, by developing your knowledge and awareness, and by effective communication with family and friends when warning signs are apparent.

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